



CORPORATE SUPPORT SERVICES DEPARTMENT • Services de soutien généraux  
**OCCUPATIONAL HEALTH • Direction de la santé au travail**

500 – 180 King Street  
Winnipeg • Manitoba R3B 3G8  
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**OPHTHALMOLOGIST / OPTOMETRIST REPORT**  
*(Winnipeg Fire Paramedic Service Recruits)*

Applicant's Name: \_\_\_\_\_

Date of Exam: \_\_\_\_\_  
(within previous (12) twelve months)

▪ Does applicant currently wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

▪ Does applicant currently wear soft contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, initial date soft contact lenses prescribed \_\_\_\_\_

**1. Visual Acuity – Uncorrected:**

OD 20 / \_\_\_\_\_

OS 20 / \_\_\_\_\_

OU 20 / \_\_\_\_\_

▪ Prescription for glasses issued? Yes \_\_\_\_\_ No \_\_\_\_\_

▪ Prescription for soft contact lenses issued? Yes \_\_\_\_\_ No \_\_\_\_\_

▪ Has applicant's vision been corrected by Refractive Surgery? Yes \_\_\_\_\_ No \_\_\_\_\_

▪ ***If yes, please complete Questionnaire and Follow-up report (to be submitted Confidentially to City Of Winnipeg Occupational Health Branch only).***

**Corrected:**

OD 20 / \_\_\_\_\_

OS 20 / \_\_\_\_\_

OU 20 / \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

**2. Colour Vision Test:** Type: \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

**3. Horizontal Visual Field:** (State in degrees) \_\_\_\_\_°

▪ ***Manitoba Driver and Vehicle Licensing Standard for Class 4 license: "May drive if person's horizontal visual field of vision not less than 150° with both eyes tested together".***

**4. General Eye Health:** Any evidence of eye disease or injury? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**SIGNATURE & STAMP OF ATTENDING OPHTHALMOLOGIST / OPTOMETRIST**

\_\_\_\_\_  
SIGNATURE OF EXAMINER

DATE: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_

